

CIA INTERNAL USE ONLY
SECRET

(When Filled In)

PERSONALITY FILE REQUEST		DATE	ACTION																																					
TO	RI/ANALYSIS SECTION		OPEN	ARMED	CLOSE																																			
FROM			ROOM NO.	TELEPHONE																																				
INSTRUCTIONS: Form must be typed or printed in block letters. SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete. SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately. SECTION III: To be completed in all cases.																																								
SECTION I <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME</td> <td style="width: 25%;">(Last)</td> <td style="width: 25%;">(First)</td> <td style="width: 25%;">(Middle)</td> <td style="width: 25%;">SOURCE DOCUMENT</td> </tr> <tr> <td>NAME VARIANT</td> <td>(Last)</td> <td>(First)</td> <td>(Middle)</td> <td>(Title)</td> </tr> <tr> <td>TYPE NAME</td> <td>(Last)</td> <td>(First)</td> <td>(Middle)</td> <td>(Title)</td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2008 </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">PHOTO</td> <td style="width: 15%;">4. <input type="checkbox"/> BIRTH DATE</td> <td style="width: 15%;">5. <input checked="" type="checkbox"/> COUNTRY OF BIRTH</td> <td style="width: 15%;">6. <input checked="" type="checkbox"/> CITY OR TOWN OF BIRTH</td> <td style="width: 15%;">7. <input type="checkbox"/> OTHER IDENTIFICATION</td> </tr> <tr> <td>YES <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td colspan="5">OCCUPATION POSITION</td> </tr> <tr> <td colspan="5" style="text-align: center;">E1</td> </tr> </table>						NAME	(Last)	(First)	(Middle)	SOURCE DOCUMENT	NAME VARIANT	(Last)	(First)	(Middle)	(Title)	TYPE NAME	(Last)	(First)	(Middle)	(Title)	PHOTO	4. <input type="checkbox"/> BIRTH DATE	5. <input checked="" type="checkbox"/> COUNTRY OF BIRTH	6. <input checked="" type="checkbox"/> CITY OR TOWN OF BIRTH	7. <input type="checkbox"/> OTHER IDENTIFICATION	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	OCCUPATION POSITION					E1				
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1 Oct. 56

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